## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
. 7:		F	apers. Each additions ave its own certificate	al paper, such as an assignme e of mailing or transmission.	ent or formal drawing, mu	
Thomas J. Perkowski, Esq., PC Soundview Plaza 1266 East Main Street Stamford, CT 06902		OIPE INORTH		Certificate of Malling or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelo addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below.		
8/2006 HDEMESS2 00000		( FEB 0	6 2006	Thomas J	Perkowski,	Esq. (Depositor's nam
C:2501	700.00 OP			70	come fer am	(Signatur
1504 300.00 OP		Febru		February	3, 2006	(Da
CE 800APPLICATION NO.	FILING DATE	FIRST	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,987 07/04/2003		Robert T. Spector ATUS FOR DIAGNOSING AND TREATING AMBLYOPIC			143-001USA000	4366
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	· PITE	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	· \$300		\$1000	02/06/2006
					1	02,00,2000
EXAMINER		ART UNIT		SS-SUBCLASS	)	•
SANDERS	JR, JOHN R	3735		351-246000		ş
Number is required.  3. ASSIGNEE NAME AND	tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of	E PRINTED ON THE P	ATENT (print or	type)		locument has been filed
recordation as set forth in (A) NAME OF ASSIGN				an assignment. and STATE OR CO		
	e assignee category or category	ries (will not be printed)	on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Governme
Please check the appropriate	and the careford or same					
Please check the appropriate  4a. The following fee(s) are	enclosed:		ment of Fee(s):			
4a. The following fee(s) are		Ž A	check in the am	ount of the fee(s) is er		
4a. The following fee(s) are  XIssue Fee  XI Publication Fee (No.	small entity discount permitte	d) □ P	check in the ame	card. Form PTO-203	3 is attached.	
4a. The following fee(s) are	small entity discount permitte	Ö A od) □ P. □ T	a check in the ame ayment by credit	card. Form PTO-203		
4a. The following fee(s) are  Klssue Fee  Dublication Fee (No standard Conder - # of the standard Cond	small entity discount permitte of Copies 10 s (from status indicated above	d) P  dd) P  T  Depc  37 CFR 1.27. D  b	A check in the ame ayment by credit The Director is he osit Account Num . Applicant is no	card. Form PTO-203: reby authorized by coper 16-1340 onger claiming SMA	B is attached.  harge the required fee(s), or (enclose an extra control of the co	credit any overpayment, copy of this form).  FR 1.27(g)(2).
4a. The following fee(s) are  Klssue Fee  Dublication Fee (No standard Conder - # of the standard Cond	small entity discount permitte of Copies 10  (from status indicated above	d) P  dd) P  T  Depc  37 CFR 1.27. D  b	A check in the ame ayment by credit The Director is he osit Account Num . Applicant is no	card. Form PTO-203: reby authorized by coper 16-1340 onger claiming SMA	B is attached.  harge the required fee(s), or (enclose an extra control of the co	credit any overpayment, copy of this form).  FR 1.27(g)(2).
4a. The following fee(s) are  Kissue Fee  Dublication Fee (No standard Advance Order - # of the standard Advance of the standa	small entity discount permitte of Copies 10 s (from status indicated above	d) P  dd) P  T  Depc  37 CFR 1.27. D  b	A check in the ame ayment by credit The Director is he osit Account Num . Applicant is no	card. Form PTO-203: reby authorized by ober 16-1340 onger claiming SMA -apply any previous n the applicant; a reg	B is attached.  harge the required fee(s), or (enclose an extra control of the co	credit any overpayment, oppy of this form).  FR 1.27(g)(2).  ation identified above. the assignee or other party

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## IN THE UNITED STATES PATENT TRADEMARK OFFICE

In re original application of:

Applicant

Robert T. Spector, MD

Application Serial No.: Filing Date :

10/613,987 July 4, 2003

Title:

METHOD OF AND APPARATUS FOR DIAGNOSING AND TREATING AMBLYOPIC CONDITIONS IN THE

**HUMAN VISUAL SYSTEM** 

Examiner

John R. Sanders, Jr.

Group Art Unit

3737

Attorney Docket No.:

143-001USA000

Commissioner of Patents

and Trademarks

Washington, D.C. 20231

## TRANSMITTAL LETTER ACCOMPANYING PAYMENT OF ISSUE FEE

Sir:

Please find enclosed herewith are the following documents for filing in the above-referenced Application:

- Completed Issue Fee Transmittal (Part B);
- Thomas J. Perkowski, Esq. P.C. Check No. 5453 in the amount of \$1030.00; and
- Return Receipt Postcard.

Applicant still qualifies as a small entity for the purpose of paying reduced fees in the USPTO. The Commissioner is hereby authorized to charge any fee deficiencies to Deposit Account No. 16-340.

Respectfully submitted,

Dated: February 3, 2006

Thomas J. Perkowski, Esq.

Reg. No. 33, 134

Attorney for Applicant

Thomas J. Perkowski, Esq., PC

Soundview Plaza

1266 East Main Street

Stamford, Connecticut 06902

203-357-1950

http://www.tjpatlaw.com



## CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.08

I hereby certify that this correspondence is being deposited with the United States Postal Service on February 3, 2006 in a Postage Prepaid envelope as, First Class Mail, addressed to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Thomas J. Perkowski, Esq.

Reg. No. 33,134

Date: February 3, 2006